PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4811).) Application Number 09/841,159		Docket Number (Options	9	
		MS1 -777US	FECEIVE	ve:r3
		Filed 4/23/2001	CEIVINAL FAX	ENTE
For Collusion-Resistant Watermarking and Finger	orinting		MAD	005
Art Unit 2132		Examiner B. Lanier		رتنا
This is a request under the provisions of 37 CFR 1.13 application.			1	
The requested extension and fee are as follows (char	ck time period desired a		iee pelowi:	
	<u>Fee</u>	Small Entity Fee	120.00	
One month (37 CFR 1.17(a)(1))	\$120	\$60	s <u>120.00</u>	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	s	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	5	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	5	
Applicant claims small entity status. See 37 CFR	1.27.			
A check in the amount of the fee is enclosed	d. '			
Payment by credit card. Form PTO-2038 is		•		
The Director has already been authorized to			i i	
The Director is hereby authorized to charge Deposit Account Number 12-0769	any fees which may	be required, or credit : e enclosed a duplicate	any overpayment, to copy of this sheet.	
WARNING: Information on this form may become a	ublic. Credit card inform	ation should not be inclu	ded on this form.	
Provide credit card information and authorization o	on PTO-2038.		1	
A Ab				
am the applicant/Inventor.				
assignee of record of the enti- Statement under 37 CFR	re interest. See 37 Cl 3.73(b) is enclosed (F	FR 3.71. Form PTO/SB/96).		
attorney or agent of record. R	egistration Number _	·	_	
attorney or agent under 37 Cl	FR 1.34.	40559		
depistration number in scaling und			-15	
Signature		<u> </u>	-05	
Kasey C. Christie		509-324-925	6	
Typed or printed name			ne Number	•
NOTE: Signatures of all the Inventors or easignoses of record of this e	nthe Interest or their represen	tative(s) are required. Salamii m	utipic forms if more than one	
algnature is required, see below.				
Total of forms a	re submitted.		1	

This collection of information is required by 37 CFR 1.138(n). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Contributingly is governed by 33 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including estimating the completed application form to the USPTO. There will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this surran, should be sent to the Child Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENDIFFE OR COMPLETED 60004 128769 69841159
FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600-PTO-9189 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN SMALL ENTITY (Column 1) (Column 2) TYPE [OR TOTAL CLAIMS 72 FEE RATE FEE RATE BASIC FEE 710.00 BASIC FEE 355.00 NUMBER EXTRA OR NUMBER FILED FOR 936 TOTAL CHARGEABLE CLAIMS 52 72 minus 20= X\$18= X\$ 9= OR 9 12 72 o minus 3 -INDEPENDENT CLAIMS X40= **X80=** OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL AIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER PRESENT ⋖ REMAINING TIONAL RATE RATE TIONAL **PREVIOUSLY** AMENDMENT **AFTER EXTRA** FEE FEE PAID FOR AMENDMENT 10 X\$18= X\$ 9= Minus OR Total Minus Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHES CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING Ø TIONAL TIONAL RATE RATE **PREVIOUSLY EXTRA** AFTER **AMENDMENT** FEE PAID FOR FEE AMENDMENT X\$18= Minus X\$ 9= Total OR Minus = Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL ADDIT, FEE ADDIT, FEE (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER PRESENT REMAINING O RATE TIONAL TIONAL RATE PREVIOUSLY **EXTRA AFTER** NDMENT FEE FEE **PAID FOR** AMENDMENT X\$18= Minus X\$ 9= Total OR AME Minus Independent **X80=** X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

""If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

ADDIT. FEE

ADDIT. FEE

pplication or Docket Number